Statewide Infrastructure Developed for Electronic Transfer and Analysis of Data

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The Indiana State Department of Health (ISDH) continues to develop a statewide infrastructure for electronic transfer and analysis of data from hospitals and other patient care institutions for the Public Health Emergency Surveillance System (PHESS). PHESS is Indiana's syndromic surveillance program.

Syndromic surveillance can be defined as the collection and assessment of health-related data (primarily patient chief complaints) that:

> ➢ is "real time";
> ➢ **precedes** diagnosis and lab results; and,
> ➢ identifies **sufficient probability** that a case or an outbreak will warrant a public health response.

IC 16-19-10-8 is the law that supports the collection of health-related information for counter-terrorism programs. The law states that:

> ➢ A health care provider or other entity that collects data shall report to the state in accordance with the rules adopted
> ➢ The State Health Department shall establish reporting, monitoring, and prevention procedures for data collected (on symptoms and health syndromes)

How does HIPAA relate to the collection of health-related data?

The final HIPAA rule does not preempt this mandate, and patient consent or authorization for hospitals to release patient health information to the ISDH is not required.

Emergency Department Pilot Program

Forty-four hospitals across Indiana have been selected for a pilot Emergency Department (ED) surveillance program. The goals for this program are:

> ➢ seamless electronic data transmission;
> ➢ integration of ED data with other surveillance data;
> ➢ and an automated analysis and alerts response system.

The ISDH has partnered with Regenstrief Institute, Indiana University, to connect information technology (IT)-ready hospitals into this pilot surveillance program. Pilot hospital selection was based on:

- presence of an ED;
- membership in the INPC network;
- geographic representation–approximately two (2) IT-ready hospitals were selected in each Public Health Preparedness District

The following hospitals and hospital systems have signed agreements to participate in the pilot program:

- Clarian Health System (4 hospitals) - Indianapolis
- Community Hospital System (5 hospitals) - Indianapolis
- Wishard Hospital - Indianapolis
- St. Francis Hospital and Health Centers (3 hospitals) - Indianapolis
- St. Vincent Hospitals (3 hospitals) - Indianapolis
- Union Hospital - Terre Haute
- West Central Community Hospital - Clinton
- Ball Memorial Hospital - Muncie
- Parkview Hospitals (5) - Fort Wayne
- Columbus Regional Hospital
- Floyd Memorial Hospital - New Albany
- St. Mary's Medical Center - Evansville
- Memorial Hospital of South Bend
- Terre Haute Regional Hospital
- Bloomington Memorial Hospital
- Major Hospital - Shelbyville
- St. Joseph Regional Medical Center (6 hospitals) - South Bend

Eight additional hospitals across Indiana are targeted for inclusion into the pilot program by March 2005:

- Deaconess Hospital - Evansville
- Methodist Northlake and Southlake (2 hospitals) - Lake County
- Community Hospital Foundation of Northwest Indiana (3 hospitals) - Lake County

Currently, the following hospitals submit "real time" chief complaint data to the ISDH:

- Clarian Health (IU, Riley, and Methodist)
- Columbus Regional Hospital
- Community Hospitals (East, North, South, and Indiana Heart Hospital)
- St. Francis Hospitals (Beech Grove, Indianapolis, and Mooresville)
- St. Vincent Hospitals (86th Street, Carmel, and St. Vincent's Children's)
- Union Hospital
- West Central Community
- Wishard Hospital

When the chief complaint data is received at ISDH, it is coded into one of the following categories: respiratory, gastrointestinal, constitutional, neurological, rash, botulinic, hemorrhagic, and "other" syndromes.

Future sources of data currently envisioned for the PHESS include:

- ➤ Schools
- ➤ Ambulatory Care/Urgent Care Centers/Clinics
- ➤ Third-Party Insurers (such as nurse hotlines)
- ➤ Physician Offices
- ➤ Veterinary Offices

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